ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No STANDARD CERTIFICATE OF BIRTH County District or Township Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of child To be answered ONLY 7. Date in event of plural of birti 5. No., in order of birth. Month births. 14. Full maiden nam Full name 15. Residence 9. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and st 16. Color of 11. Age at last birthday. 17. Age at last birthde. 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of industry Nature of industr Were precautions taken against oph-20. Number of children of this mother. (a) Born alive and now living thalmia neonatorum (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* m, on the date above stated. I hereby certify that I attended the birth of this child, who was * When there was no attending physician or midwife, then the father, householder, Signatur etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Addres

Month, day, year

Registrar

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(Physician or midwife).

Registrar

Given name added from

a supplemental report.

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